

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>403098</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1	1				52						
3		2	1				53						
4	1		1				54						
5		8	1				55						
6		8	1				56						
7		8	1				57						
8		8	1				58						
9		8	1				59						
10		8	1				60						
11		8	1				61						
12		8	1				62						
13		8	1				63						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		8					TOTAL DEP.						
TOTAL CLAIMS	1	8	1				TOTAL CLAIMS						